

July 2006 Web Version-

Question

Question: For the time and task factor on the HAPI A, would telephone prompts (either the before or the day of) for the client to attend appointments for services (ours and/or others) qualify as support? Is this considered support since it is an action staff is engaging in, not just a service?

Question: For the health and physical factor, should the support be for the role performance impairment due to the physical problem and not the physical problem itself? For example, would not count the support of a nurse who gave aspirin for headaches but would count the person who helps the client do chores because of the headaches.

Question: Is it O.K. for a client to score mainly 6s and 7s throughout most of the HAP but still score a 3 Or 4 on the last item of the HAPI C (24) reliance on services?

Question: If and when can treatment or counseling can be considered "support" in helping the client function. Which items can you list treatment as support?

Question: If a consumer with bipolar disorder is a long term chronic care patient and is on disability for mental health problems of depression, paranoid symptoms, etc., can we score them a two because it is their mental health issues and symptoms that are preventing them from engaging in work or even looking for work? Or, do we have to choose homemaker or some other meaningful activity like homemaker and score them on their ability to maintain a home?

Question: On the HAPI C, items 10-12, if the client has a deceased parent, should we automatically score the deceased parent for all 3 items and score them a 1 since they are not able to have influence in the child's life?

Tech Questions/Answers

Response
Response: Yes this can be considered support, if it is done for a specific client that needs the reminders. If it is an automated system or just standard procedure to call all patients, it would not count as support because it is not being done to assist a specific client with their specific needs .
Response: We want to look at who helps with the functioning that is impaired by the health problem. An example would be if the headaches make it impossible for the client to get up and cook dinner, look at who is cooking the dinner, not who is helping the client with their headache.
Response: The last question looks at what would happen to this client if your services were no longer available to them. You would want to look back beyond the 30 days to see what problems brought them in. You would then predict if these problems would return if you were not serving them, which might result in a lower score for that question.
Response: You can not count treatment or counseling as support unless it is hands on help. If you teach someone to do something and they do it, they are using their own extra effort. If you must assist them in completing the task, this can be counted as support.
Response: Auditors will check that documentation matches the score, they will not determine meaningful activity. If a client can not work because of mental health issues and has not for a long while, is there any other meaningful activity in the client's life (by their definition)? If a client would like to work or go to school or volunteer but can not because their mental illness is prevent them from being able to so, you could score this meaningful activity as beyond their capability. If they do have other meaningful activity in their life, you can be the one who choose to score this as long as your documentation matches your score, an auditor will not question what you have chosen. There is however no hard and fast rule that if a client can not work because of their symptoms that you must choose this as meaningful activity. If a client has not worked for years because of their symptoms and is content with this but feels that their role of a homemaker is what they consider meaningful and that they are happy as a homemaker, you should probably score how this is impaired by their symptoms. One way to convey the concept of support is thinking of people as support. Meds are not support. If a client only does their meaningful activity (whatever that may be) with the help of a case worker, payee, etc.-that is direct support. If someone is a homemaker by choice and that is their "job", then score them on that. If, however they desire to be working outside of the home but are unable to because symptoms of MI/addictions affect their ability to do so, they could be scored lower. The support necessary must be documented!
Response: If a client's parent died many years ago and does not seem to have an influence in how the child is functioning, you should score the surviving parent. If the client's parent has died more recently and this seems to be a negative factor in the child's functioning, it would be appropriate to score the deceased parent. This is a clinical decision that would be made by the person who was completing the HAP.